MAXIMUS Federal Services

Case Number:	CM15-0018337		
Date Assigned:	02/06/2015	Date of Injury:	08/16/2013
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 33 year old female who sustained an industrial injury on 08/16/2013. She has reported low back pain. Diagnoses include lumbosacral musculoligamentous strain/sprain with radiculitis; rule out lumbosacral spine discogenic disease. Treatment has included diagnostic imaging studies, chiropractic care and physical therapy. Magnetic resonance imaging of the spine on December 29, 2014 showed a central disc herniation that abuts the thecal sac at T7-8. Disc measurements are 1-2 mm in neutral position, 1-2 mm in flexion, and 1-2 mm in extension. No other significant abnormalities were noted. In a progress note dated 01/15/2015 the treating provider reports lumbar spine tenderness to palpation and tenderness to palpation in the bilateral paraspinal muscles sacroiliac joints, sciatic notch, posterior iliac crease, and gluteal muscles. Spasms were present in the paraspinal muscles and gluteal muscles. He had decreased range of motion and a positive straight leg test. A progress note from the treating provider dated 01/09/2015, the IW complains of back pain and bilateral leg and hip pain. The examination revealed tenderness, spasm, decreased range of motion and a positive straight leg test. There was indication that the IW has failed conservative treatment including medication and activity modification. On 01/26/2015 Utilization Review modified a request for Acupuncture evaluation and treatment 2 x 6 lumbar spine, to Acupuncture evaluation and treatment x3 lumbar spine noting the adjusted number is to allow for functional improvement and/or a decrease in pain, re-education in a prescribed self-administered program and assessment of compliance. The MTUS Acupuncture medical treatment guidelines were cited. On 01/26/2015 Utilization Review non-certified a request for Fexmid 7.5 mg #90, noting

the guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain or spasm with the use of this medication. The medication is not medically necessary, however, due to the nature of the drug, weaning is typically recommended. The MTUS Chronic Pain Guidelines, Flexaril, were cited. On 01/26/2015 Utilization Review non-certified a request for Tramadol 50 mg #60noting the guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain. Due to the nature of the drug, weaning is typically recommended however, the UR physician was unable to speak with the attending to discuss a weaning schedule. The MTUS Chronic Pain, Opioids was cited. On 01/26/2015 Utilization Review non-certified a request for Transdermal cream; Flurbi (NAP) cream-ALA- (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 gm noting the guideline criteria had not been met. There are insufficient large-scale, randomized controlled references showing the safety and efficacy of the requested topical cream in this patient's clinical scenario, therefore the request would not be considered medically necessary at this time. The MTUS Chronic Pain Guidelines Topical Analgesics were cited. On 01/26/2015 Utilization Review non-certified a request for Transdermal cream; Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 180 gm)noting the guideline criteria had not been met. There are insufficient large-scale, randomized controlled references showing the safety and efficacy of the requested topical cream in this patient's clinical scenario, therefore the request would not be considered medically necessary at this time. The MTUS Chronic Pain Guidelines, Topical Analgesics were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture evaluation and treatment 2 x 6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guideline Page(s): 13.

Decision rationale: The 33 year old patient presents with back pain, bilateral hip pain, and bilateral leg pain, as per progress report dated 01/09/15. The request is for ACUPUNCTURE EVALUATION AND TREATMENT 2 X 6 LUMBAR SPINE. The RFA for the case is dated 01/09/15, and the patient's date of injury is 08/16/13. Diagnoses, as per progress report dated 01/09/15, included lumbosacral musculoligamentous strain/sprain with radiculitis, and R/O lumbosacral spine discogenic disease. Medications included Tramadol, Fexmid, Flurbi (NAP) cream- LA, and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. For acupuncture, the Acupuncture Treatment Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In this case, only one progress report has been provided for review, and it does not document prior acupuncture therapy. The patient does suffer from chronic

back pain and may benefit from acupuncture. However, MTUS recommends only 3 to 6 sessions of initial trial. Additional therapy will require a documentation of improvement in function and reduction in pain. Hence, the current request of evaluation and 12 sessions IS NOT medically necessary.

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 33 year old patient presents with back pain, bilateral hip pain, and bilateral leg pain, as per progress report dated 01/09/15. The request is for TRAMADOL 50 mg # 60. The RFA for the case is dated 01/09/15, and the patient's date of injury is 08/16/13. Diagnoses, as per progress report dated 01/09/15, included lumbosacral musculoligamentous strain/sprain with radiculitis, and R/O lumbosacral spine discogenic disease. Medications included Tramadol, Fexmid, Flurbi (NAP) cream- LA, and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one progress report dated 01/09/15 has been provided for review. While the progress report does mention the use of Tramadol, the treater does not document when the opioid was prescribed for the first time. There is no discussion regarding a change in the pain scale due to Tramadol use. The treater does not use a validated scale to demonstrate a measurable increase in function. No CURES and UDS reports are available for review. There is no documentation of side effects as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Fexmid 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 33 year old patient presents with back pain, bilateral hip pain, and bilateral leg pain, as per progress report dated 01/09/15. The request is for FEXMID 7.5 mg # 90. The RFA for the case is dated 01/09/15, and the patient's date of injury is 08/16/13. Diagnoses,

as per progress report dated 01/09/15, included lumbosacral musculoligamentous strain/sprain with radiculitis, and R/O lumbosacral spine discogenic disease. Medications included Tramadol, Fexmid, Flurbi (NAP) creamn- LA, and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, only one progress report dated 01/09/15 has been provided for review. While the progress report does mention the use of FexMid, it is not known when the medication was prescribed for the first time. The treater does not document its impact on pain and function. Additionally, MTUS only recommends short-term use of muscle relaxants and the current request of # 90 is exceeds that recommendation. Hence, this request IS NOT medically necessary.

Transdermal cream; Flurbi (NAP) cream-ALA- (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113.

Decision rationale: The 33 year old patient presents with back pain, bilateral hip pain, and bilateral leg pain, as per progress report dated 01/09/15. The request is for TRANSDERMAL CREAM FLURBI (NAP) CREAM ALA (FLURBIPOFEN 20%, LIDOCAINE 5%, AMITRIPTYLINE 5%) 180 gm. The RFA for the case is dated 01/09/15, and the patient's date of injury is 08/16/13. Diagnoses, as per progress report dated 01/09/15, included lumbosacral musculoligamentous strain/sprain with radiculitis, and R/O lumbosacral spine discogenic disease. Medications included Tramadol, Fexmid, Flurbi (NAP) creamn- LA, and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. Regarding topical analgesics, MTUS guidelines on page 111, do not support any other formulation of Lidocaine than topical patches. MTUS specifically states that anti-depressants such as Amitriptyline are not recommended. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, only one progress report dated 01/09/15 has been provided for review. While the progress report does mention the use of the topical formulation, it is not known when the medication was prescribed for the first time. The cream contains Lidocaine which is not recommended by MTUS. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis, which are indicated in this case. The guidelines do not recommend topical Amitriptyline as well. Additionally, MTUS Guidelines provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.

Transdermal cream; Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 180 gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 33 year old patient presents with back pain, bilateral hip pain, and bilateral leg pain, as per progress report dated 01/09/15. The request is for TRANSDERMAL CREAM; GABACYCLOTRAM (GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10% 180 gm). The RFA for the case is dated 01/09/15, and the patient's date of injury is 08/16/13. Diagnoses, as per progress report dated 01/09/15, included lumbosacral musculoligamentous strain/sprain with radiculitis, and R/O lumbosacral spine discogenic disease. Medications included Tramadol, Fexmid, Flurbi (NAP) cream- LA, and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. MTUS guidelines on page 111, state that Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Additionally, the guidelines state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, only one progress report dated 01/09/15 has been provided for review. While the progress report does mention the use of the Gabacyclotram, it is not known when the medication was prescribed for the first time. This topical formulation contains Gabapentin and Cyclobenzaprine which are not recommended by MTUS. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.